

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VALHLTHCLOSE	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/01/2013
NAME OF PROVIDER OR SUPPLIER VALLEY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a Licensure Resurvey.	S 000		
S3145 SS=D	26-41-203 (e) Routine Maintenance (e) Maintenance. Designated staff shall provide routine maintenance, including the control of pests and rodents, and repairs in each resident's bedroom and common areas inside and outside the facility as specified in the admission agreement. This REQUIREMENT is not met as evidenced by: The facility identified a census of 9 residents. The sample included 3 residents. Based on observation, interview and record review the facility failed to provide a clean and comfortable living environment for 1 of 3 residents sampled, (#1). Findings included: - Observation of resident #1's room on 7/30/13 at 1:30 P.M. revealed the carpet was worn in heavy traffic areas, was discolored and had dark stains throughout. The built in cabinet had streaks of dried on spilled substance down the wood front. The bathroom walls were marred behind the sink and beside the toilet and door jam. The bathroom had a strong urine smell. The bathroom floor had dried soiled stains and the floor area around the toilet was wet. The sink faucet labeled with a "C" when turned on expelled hot water and the faucet labeled "H" expelled cold water. During interview with the resident on 7/30/13 at	S3145		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3145	<p>Continued From page 1</p> <p>1:50 P.M. he/she reported the carpet was dirty and needed cleaned. The resident said he/she planned to get down on the floor and try to scrub out the stains. He/She also reported the bathroom floor was slick because the toilet leaked.</p> <p>Observation on 7/30/13 at 2:56 P.M. of the East shower room revealed paint was chipped off the inside base of the shower and the tile floor lacked a non-skid surface</p> <p>Observation on 7/30/13 at 3:00 P.M. of the Northeast shower room revealed the floor areas in front of the shower, inside the shower and in front of the bath tub lacked non-skid surfaces.</p> <p>During interview on 7/30/13 at 3:00 P.M. maintenance staff K acknowledged the chipped paint and slick surfaces in the bathing rooms.</p> <p>The facility failed to provide routine maintenance in order to provide a safe, clean, comfortable living area for the residents.</p>	S3145		